



Fact sheet on S 1210: An act to license lactation consultants

S1210 would require clinical lactation consultants be licensed to practice and would establish a licensing board for lactation consultants.

- Only fully trained professionals with qualifications equivalent to that required by the International Board of Lactation Consultant Examiners, would be eligible for licensure. (Currently, there is no equivalent board to the IBCLE, but the bill allows for future qualifications.)
- Licenses would also be granted for the lesser qualification of employed Peer Counselors (WIC exempted).

Currently: Anyone can call themselves a Lactation Consultant, even without training or board certification. In Massachusetts, DPH regulations require international board certified lactation consultants (“IBCLCs”) to be on staff at maternity hospitals. The public now has no protection from unqualified practitioners, and many mothers and babies currently suffer the consequences as a result.

What is a board-certified lactation consultant?

- International Board Certified Lactation Consultants (IBCLCs) are allied health care providers with special training and expertise in helping mothers and babies breastfeed. They work in the outpatient setting as well as in hospitals. There is no current equivalent to the IBCLC.

What does the IBCLC credential represent?

- In most cases, one must have at least 2,500 hours of directly supervised experience, formal lactation education, then pass a rigorous exam, and
- Recertify every 5 years with 75 continuing education credits or by repeating the exam.
- Adherence to practice within a defined scope and within national standards
- Adherence to documented ethical principles and accountability for practice through a grievance process

Currently, only IBCLC’s are held to these high standards of competency and certified by an independent organization (IBCLE) that is accredited by the National Commission for Certifying Agencies.

Why should IBCLC’s be licensed?

- To protect the public by ensuring only qualified individuals can practice lactation consultation.
- DPH perinatal regulations now require that IBCLCs be on staff at maternity hospitals and birth centers.
- The American Academy of Pediatrics recommends that maternity hospitals should “have lactation experts available at all times.”¹
- The American Association of Health Plans recommends the use of certified lactation consultants to reduce health care expenditures.²
- Numerous studies have shown that women who interact with certified lactation consultants have higher rates of breastfeeding success.³⁻⁹
- Like nurses, physical therapists, dieticians, and other *licensed* allied health care professionals, hospitals and the public depend on lactation consultants
- Licensing IBCLCs establishes eligibility for third-party reimbursement. The CDC recognizes that lack of reimbursement represents a significant barrier to care, especially for low-income women who cannot afford to pay out-of-pocket¹⁰ IBCLCs currently are not required to receive third-party reimbursement, but the cost of not breastfeeding in Massachusetts is at least \$70 million/year by conservative estimates.¹¹



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